

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

sanofi-aventis group Employees Political Action Committee

ADDRESS (number and street)

300 Somerset Corporate Blvd.

☒(Check if address
is changed)

Mail Stop: SC3-125A

Bridgewater

NJ

08807

0977

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Timothy.Clark@sanofi-aventis.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

908-243-2141

2. DATE

M M
09/ D D
18/ Y Y Y Y
2006

3. FEC IDENTIFICATION NUMBER

C C00144345

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Timothy Clark

Signature of Treasurer

Electronically Filed by Timothy Clark

Date

M M
09/ D D
18/ Y Y Y Y
2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

sanofi-aventis group

Mailing Address

300 Somerset Corporate Boulevard

Bridgewater

NJ

08807

2854

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

sanofi-aventis group Employees Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Timothy Clark**

Mailing Address **c/o PASS**
1020 N. Fairfax Street 5th Fl.
Alexandria VA 22314

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Timothy Clark**

Mailing Address **801 Pennsylvania Avenue NW**
Suite 725
Washington DC 20004

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer

Telephone number - -

Full Name of Designated Agent **Jay Jennings**

Mailing Address **6240 Woodard Bay Rd. NE**
Olympia WA 98506

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Deputy Treasurer

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank

Mailing Address

One West Main Street

Somerville

NJ

08876

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Sanofi Pasteur Political Action Committee

Mailing Address

P.O. Box 187

Swiftwater

PA

18370

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY A

STATE▲

ZIP CODE ▲

Telephone number
